

Fill in this information to identify your case:

Debtor 1	MATTHEW P WIETZKE		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	LINDSAY M WIETZKE		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Eastern District of Wisconsin	
Case number (If known)	15-28057		

Check if this is:

 An amended filing A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6l**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Carpenter	CNA
Employer's name	Tri-North Builders	Dodge County
Employer's address	2625 Research Park Dr Number Street Madison, WI 53711 City State ZIP Code	Clearview Nursing Home Number Street Juneau, WI 53039 City State ZIP Code
How long employed there?	9 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

- List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
- Estimate and list monthly overtime pay.
- Calculate gross income. Add line 2 + line 3.

For Debtor 1	For Debtor 2 or non-filing spouse
2. \$ 3,921.67	\$ 2,643.33
3. + \$ _____	+ \$ _____
4. \$ 3,921.67	\$ 2,643.33

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4. \$ 3,921.67	\$ 2,643.33
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,135.33	\$ 448.50
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ 180.79
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ 204.88
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ 192.83	\$ _____
5h. Other deductions. Specify: Req'd deduct for vac't	5h. + \$ 260.00	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 1,588.16	\$ 834.17
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,333.51	\$ 1,809.16
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,333.51	+ \$ 1,809.16 = \$ 4,142.67
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ _____	\$ 4,142.67
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,142.67	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	MATTHEW P WIETZKE		
	First Name	Middle Name	Last Name
Debtor 2	LINDSAY M WIETZKE		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of Wisconsin		
Case number	15-28057 (If known)		

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Daughter

10

No
 Yes

Daughter

12

No
 Yes

Daughter

15

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

Your expenses

4. \$ 756.00

4a. \$

4b. \$ 65.00

4c. \$

4d. \$

Your expenses	
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 250.00
6b. Water, sewer, garbage collection	6b. \$ 57.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 300.00
6d. Other. Specify: _____	6d. \$ _____
7. Food and housekeeping supplies	7. \$ 800.00
8. Childcare and children's education costs	8. \$ 100.00
9. Clothing, laundry, and dry cleaning	9. \$ 160.00
10. Personal care products and services	10. \$ 75.00
11. Medical and dental expenses	11. \$ 130.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 550.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 75.00
14. Charitable contributions and religious donations	14. \$ 100.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ 98.00
15d. Other insurance. Specify: _____	15d. \$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ _____
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6i).	18. \$ _____
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1

MATTHEW P WIETZKE

First Name Middle Name Last Name

Case number (if known) 15-28057

21. Other. Specify: Tobacco

21. +\$ 120.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 3,626.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 4,142.67

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 3,636.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 506.67

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **Matthew P Wietzke
Lindsay M Wietzke**

Debtor(s)

Case No. **15-28057**
Chapter **13**

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 27, 2015

Signature /s/ Matthew P Wietzke
Matthew P Wietzke
Debtor

Date August 27, 2015

Signature /s/ Lindsay M Wietzke
Lindsay M Wietzke
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.